

## Check Sheet

### To the Application for a Chiropractic License

This **Check Sheet** is intended to assist you with filing a *complete* application. All items listed that are applicable to your situation must be submitted in order for your qualifications for licensure to be assessed. Standard processing time is three to five months.

Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

#### **FORMS**

- ' Application for a Chiropractic License
- ' Completed Verification of Prechiropractic Hours form (must come directly from the chiropractic college).

#### **FEES**

- ' Application Processing Fee \$100.00 (nonrefundable): Attach check/money order made payable to "BOCE" - see **Documentation** section below

#### **TRANSCRIPTS** - (These documents must come directly from the National Board of Chiropractic Examiners (NBCE) and the college)

- ' Official transcript of scores for Parts I, II, III, IV, and Physiotherapy from the NBCE.
- ' Official college transcript from every chiropractic college attended.

#### **DOCUMENTATION**

- ' Photocopy of chiropractic diploma.
- ' Completed Chiropractic College Certificate (must come directly from the college).
- ' Official original Certification of Licensure is required for EACH license obtained in any U.S. state, U.S. or Canadian territory, Canadian province, or U.S. federal jurisdiction. Each certificate should be mailed by the issuing authority directly to the Board of Chiropractic Examiners.
- ' Original official certified English translation of ALL documents which are not prepared in the English language. (**Translations will not be returned.**)
- ' A 2" x 2" photograph is required on the Application for a Chiropractic License. A photo is an image obtained by photography and must show your head and shoulder areas only. It must be taken within 60 days of application.
- ' **Only for Applicants who Reside in California**  
A copy of request for Live Scan Service Form verifying your fingerprints have been scanned and payment has been paid to the Live Scan facility. Refer to "Instructions for Completing Request for Live Scan Service Form."
- ' **For Applicants who Reside Out-of-State**  
You must submit rolled fingerprints on cards provided by the Board and a processing fee of **\$51.00**. If you did not receive cards with your application, contact the Board at (916) 263-5355.

Fingerprints must be on cards provided by the Board and taken by a person professionally trained in the rolling of prints. Fingerprint clearances from cards take approximately six weeks to clear. Poor quality prints may result in rejection and will substantially delay eligibility to take the California Law and Professional Practices Examination (CLPPE). The Board must receive a background clearance from the FBI and DOJ before you will be eligible to take the CLPPE.

Applicants should access a processing center which is able to convert fingerprint imaging from paper to electronic. In the event this is not feasible or a processing center is not accessible, you must request an exemption from the Department of Justice (DOJ). This exemption is subject to approval by the DOJ.

**Board of Chiropractic Examiners**

2525 Natomas Park Drive, Suite 260  
 Sacramento, CA 95833  
 Telephone (916) 263-5355 FAX (916) 263-5369  
 CA Relay Service TT/TDD (800) 735-2929  
 Consumer Complaint Hotline (866) 543-1311  
 www.chiro.ca.gov

**APPLICATION FOR A CHIROPRACTIC LICENSE**

Please **READ** all instructions prior to completing this application. **ALL** questions on this application must be answered, and all supporting documents must be submitted as per instructions. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. Standard processing time is three to five months. Application Processing Fee \$100.00 (nonrefundable) made payable to "BOCE".

**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.**

Name: Last		First		Middle
Other names you have used (include maiden name):				
Number and Street (will be released by the Board to the public once you are licensed if not updated to a practice address)				
City		State		Zip Code
Telephone number Home: (    ) Work: (    )		Driver's License Number/State  Expiration date:		
Date of Birth	Social Security Number*	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
		Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**PHOTO AREA**  
**PASTE A 2" X 2" PHOTO**  
**HERE.**

**PHOTO MUST BE OF YOUR**  
**HEAD AND SHOULDER**  
**AREAS ONLY AND TAKEN**  
**WITHIN 60 DAYS OF FILING**  
**THIS APPLICATION.**

**Educational background**

Name of high school	Location	Date of graduation or GED earned

**List all undergraduate schools attended**

Dates attended From      To	Name of college or university (No abbreviations or acronyms)	Location	Date and degree earned

**Chiropractic college(s) attended**

Dates attended From      To	Name of Chiropractic College	Location	Date and degree earned

**\*MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS**

Disclosure of your U.S. social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

<b>FOR OFFICE USE ONLY</b>	
Date cashiered	_____
Amount \$	_____

1. Have you ever filed an application for chiropractic examination or licensure in California?

Yes No

If YES, please give date previous application was submitted. \_\_\_\_\_

2. Have you ever been licensed to practice chiropractic in any state, territory, province, country, or U.S. federal jurisdiction?

Yes No

If YES, list the jurisdiction, license number, date issued and dates of practice in that jurisdiction. An original official LETTER OF GOOD STANDING (LGS), or comparable license history certification, is required for **EACH** license obtained in any U.S. state, U.S. or Canadian Territory, Canadian Province, or U.S. Federal jurisdiction. Each LGS, or comparable certification, should be mailed by the issuing authority directly to the Board of Chiropractic Examiners.

Jurisdiction	License Number	Date of Issuance	Dates of Practice in that Jurisdiction

3. Do you hold any other professional license in any state, territory, province, country, or U.S. federal jurisdiction?

Yes No

If YES: Profession: \_\_\_\_\_, License No.: \_\_\_\_\_, Jurisdiction: \_\_\_\_\_

Has this license ever been revoked, or subject to discipline? If YES, please provide all official documentation regarding the matter in addition to a written explanation. You are also required to report any matter that is **PENDING** or in which charges have been **DROPPED** or **EXPUNGED**.

**QUESTIONS 4 through 13:**

If you answer YES to any of the following questions, please provide **ALL official documentation** regarding the matter in addition to your written personal explanations. An applicant must provide official hearing/court documents and original letters of explanation from chiropractic colleges. If these documents are not provided with the application, they will be requested **before review** of the application can proceed. **APPLICANTS ARE REQUIRED TO REPORT ANY MATTER THAT IS PENDING OR IN WHICH CHARGES HAVE BEEN DROPPED OR EXPUNGED.**

4. Have you ever withdrawn from, or been suspended, dismissed or expelled from a chiropractic college OR have you ever taken a leave of absence?

Yes No

IF YOU ANSWERED YES, BOTH APPLICANT AND COLLEGE MUST PROVIDE DETAILS ON A SEPARATE ATTACHMENT.

For all the below, also include any disciplinary actions by the U.S. Military, U.S. Public Health Service, or other U.S. federal governmental entity.

5. Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts or malpractice by any licensing board, other agency, or hospital?

Yes No

6. Has any disciplinary action ever been filed or taken, including but not limited to, informal or confidential discipline, consent orders, or letters of warning, regarding any healing arts license which you now hold or have ever had?

Yes No

7. Is any such action as described above pending?

Yes No

IF YOU ANSWERED YES TO 5, 6 OR 7, PROVIDE DETAILS ON A SEPARATE ATTACHMENT.

8. Has a claim or action for damages ever been filed against you in the course of the practice of chiropractic or any other healing art which resulted in a malpractice settlement, judgement, or arbitration award of over \$3,000.00?

IF YOU ANSWERED YES, PROVIDE DETAILS ON A SEPARATE ATTACHMENT.

Yes No

9. Have you ever been denied a license, permission to practice chiropractic or any other healing art, or denied permission to take an examination in any state, territory, country, or U.S. federal jurisdiction, or is any such action pending?

IF YOU ANSWERED YES, PROVIDE DETAILS ON A SEPARATE ATTACHMENT.

Yes No

NAME OF APPLICANT:

DATE OF BIRTH:

10. Have you ever voluntarily surrendered a license to practice chiropractic or any other healing arts in this or any other state, or is any such action pending?

IF YOU ANSWERED YES, PROVIDE DETAILS ON A SEPARATE ATTACHMENT.

' Yes ' No

11. Do you have any condition which in any way impairs or limits your ability to practice chiropractic with reasonable skill and safety, including but not limited to, any of the following?

' Yes ' No

IF YES, PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW:

- ' A condition which required admission to an inpatient psychiatric treatment facility.
- ' Alcohol or chemical substance dependency or addiction.
- ' Emotional, mental or behavioral disorder
- ' Other (explain): \_\_\_\_\_

FOR ANY OF THE BOXES CHECKED ABOVE, PLEASE SUBMIT COMPLETE OFFICIAL INPATIENT AND OUTPATIENT TREATMENT RECORDS, EVIDENCE OF ONGOING REHABILITATION TREATMENT, AND A PERSONAL WRITTEN EXPLANATION.

FOR ALL OF THE BELOW, YOU ARE REQUIRED TO LIST ANY CONVICTION THAT HAS BEEN SET ASIDE AND DISMISSED OR EXPUNGED, OR WHERE A STAY OF EXECUTION HAS BEEN ISSUED. TRAFFIC VIOLATIONS OF \$500 OR LESS NEED NOT BE REPORTED.

12. Have you ever been convicted of, or pled nolo contendere to, ANY violation (include every misdemeanor or felony) of any local, state, or federal law of any state, territory, country, or U.S. federal jurisdiction?

' Yes ' No

13. Is any criminal action related to the above pending?

' Yes ' No

IF YOU ANSWERED YES TO 12 OR 13, PROVIDE DETAILS ON A SEPARATE ATTACHMENT OF EACH CONVICTION, INCLUDING THE DATE, LOCATION, AND CIRCUMSTANCES OF EACH INCIDENT. PROVIDE A COPY OF THE ARREST REPORT(S) AND INCLUDE CERTIFIED COPIES OF ALL COURT DOCUMENTS. INCLUDE PROOF OF COMPLETION OF ANY TERMS OF THE CRIMINAL PROBATION.

14. Provide the name and address of your current employer.

Employer's name: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number City State Zip Code

Telephone number: ( ) \_\_\_\_\_

### APPLICANT DECLARATION/SIGNATURE

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. I also certify that I personally completed this application and have read and understand the instructions attached to this application. **I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.**

SIGNATURE OF APPLICANT: \_\_\_\_\_  
(PLEASE SIGN FULL NAME, NOT INITIALS)

Signed on this \_\_\_\_\_ day of \_\_\_\_\_  
MONTH YEAR

NAME OF APPLICANT:

DATE OF BIRTH:

Under California law each person licensed by the Board of Chiropractic Examiners is a "mandated reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Penal Code section 11166 and will comply with those provisions.

California Penal Code section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Penal Code section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

NAME OF APPLICANT:

DATE OF BIRTH: